PART B - FEE(S) TRANSMITTAL

Complete and send t	his form, together wit	th applicable f	ee(s), to: <u>Ma</u>	<u>il</u> Mail Stop					/
,	, 3	••	, see	Commissi P.O. Box	1450	r Patents nia 22313-1	1450		
*1			or <u>Fa</u>	<u>x</u> (703) 746-	4000				
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CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for	any change of address)	4	Note: A certi	ificate of r	nailing can on	ly be used for	r domestic mailings of the or any other accompanying	
Renner, Otto, Boisselle & Sklar, LLP 19th Floor 1621 Euclid Avenue Cleveland, OH 44115-2191			2 2005	papers. Each additional paper, such as an assi have its own certificate of mailing or transmiss				nt or formal drawing, must	
Renner, Otto, Bo 19th Floor 1621 Euclid Avenu Cleveland, OH 441	MARKOR	I hereby certi States Postal addressed to transmitted to	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.						
3/03/2005 MWDLDGE2 00000010 09750878				Jonath	han A.	Platt		(Depositor's name)	
01 FC:1501 1400.00 DP 02 FC:8001 6.00 DP				Februa	February 28, 2005 (Signature)				
APPLICATION NO.	FILING DATE		NVENTOR		ATTORNEY D	OCKET NO.	CONFIRMATION NO.		
09/750,878	12/28/2000		Liang		E090	03	8470		
•	ETHOD TO SELECT TRA	NSMISSION RAT		J					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE F		PUBLICATION F	FEE	TOTAL FEE	E(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$0		\$140	00	05/04/2005	
EXAMINER ART UN			VIT CLASS-SUBCLASS						
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The early "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Renner, Otto, Boisselle & Sklar, LLP 2 3						.1e
B. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (J	orint or type)					
	an assignee is identified be 37 CFR 3.11. Completion					e is identified	below, the do	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Advanced	Micro Devices,	Inc.	Sunny	vale, Calii	fornia				
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pate	nt) : 🔲 Individu	al 🎾 Co	poration or otl	ner private gro	up entity Government	
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Issue Fee Publication Fee (No s	A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0988 (enclose an extra copy of this form).								
_ ° '	(from status indicated above MALL ENTITY status. See	,	☐ b. Applican	t is no longer claimi	ing SMAL	L ENTITY sta	tus. See 37 CF	R 1.27(g)(2).	•
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